

Emergency and Humanitarian Action (EHA) Unit
World Health Organization (WHO), Country Office, Myanmar

Displacement in Rakhine State, Myanmar

Highlights

- As of 24 July, the Rakhine State Government estimated that there are over 61 000 people accommodated in 58 camps in Maundaw and Sittwe townships.
- 77 people died and 109 injured and 4822 houses, 17 mosques, 15 monasteries and 3 schools were burned and destroyed.
- An inter-agency multi-sectoral rapid needs assessment was conducted in 114 locations in four townships (102 in Sittwe, 4 in Rathedaung, 7 in Maungdaw, 1 in Pauktaw), covering 104 719 IDPs. Major needs were identified in food, shelter, NFI, WASH and health.
- WHO in close cooperation with MoH and partner agencies has organized health sector coordination meetings at state and central levels. Health Sector Response Plan was developed, and emergency funds, health supplies and services are provided to the affected communities by health sector partners
- WHO has provided MoH with IEHKs, Diarrhoea Kits, technical and funding support from SEARHEF.
- The situation in Rakhine state has calmed down and getting back to normal. Some IDPs are returning back to their homes but still 61 000 IDPs remains in 58 sites / camps in Maungdaw and Sittwe townships. Their wellbeing especially health status is a major concern. Life saving, early recovery health interventions are to be continued and strengthened.

Situation Analysis

Background

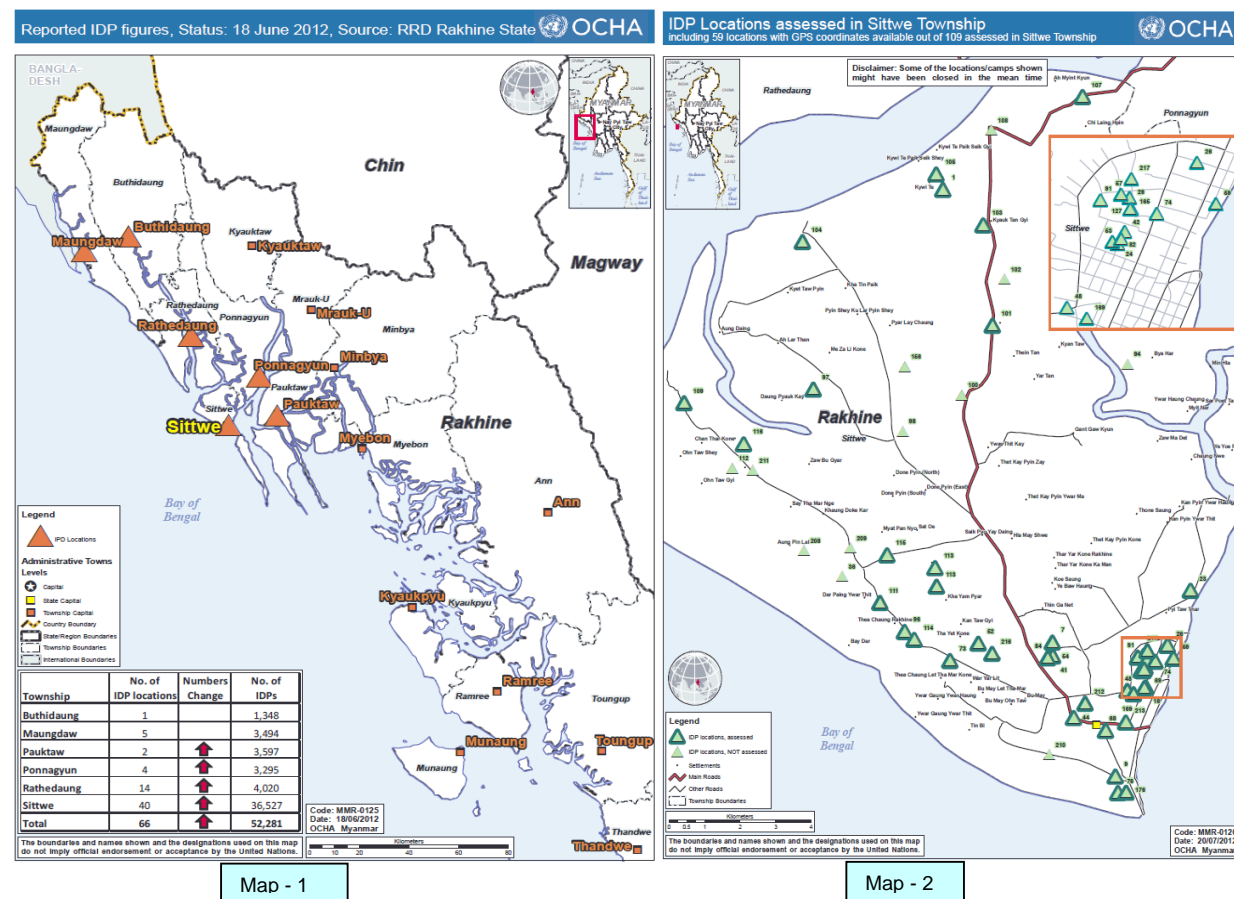
- Additional military and Police Force personnel have been deployed in affected locations. The state of emergency and curfew from 6 pm to 6 am continue in six townships of the state. In the capital Sittwe, Government offices, banks, markets, several schools and technical university reopened since early July.
- However, some organizations continue to issue statements against communities and against UN/NGOs, fueling tensions and hampering assessments and delivery of relief support
- On 11 July, UN High Commissioner for Refugees António Guterres, visited Myanmar and met with the President and other senior Government officials and expressed the willingness of UNHCR and the humanitarian community in general to work with the Government to provide humanitarian assistance to the victims of the incident, namely to those that were displaced by the incident, of both communities, the Rakhine and the Moslem without any discrimination and in the spirit of attending to the needs of the people.
- On 8 July, Pyithu Hluttaw Speaker U Thura Shwe Mann visited Rakhine to provide relief aid to IDPs in Maungdaw, Rathedaung and Sittwe townships.
- On 11 July, the Myanmar Human Rights Commission issued a statement, highlighting the need for strengthening of rule of law, effective legal action against the perpetrators of the violence and building mutual trust among communities to restore normalcy to the situation.
- From 16 to 18 July, a high level Government delegation led by the Minister for Border Affairs with the participation of representatives from UN and NGOs visited Rakhine to assess the situation and discuss the way forward.

Updates

- The general security situation across Rakhine State remains stable even though the level of tension is reportedly high in some areas. The curfew is still in force in six townships.
- Due to anti UN and NGO sentiments in some sites / camps, accessibility still remains a challenge. Government has taken measures to address this concern.
- Livelihood activities has increased and many shops, markets, banks and schools reopened especially in Sittwe township.
- An inter-agency multi-sectoral rapid needs assessment was conducted in 114 locations in four townships (102 in Sittwe, 4 in Rathedaung, 7 in Maungdaw, 1 in Pauktaw), covering 104 719 IDPs. Major needs are identified in food, shelter, NFI, WASH and health.
- No major disease outbreak was found during the assessment, although diarrhea (25%), respiratory tract infection (24%), skin infections (9%), trauma (9%) and dysentery (8%) were concerns of the IDPs.
- The findings also indicate that over 60% of the assessed locations are covered by basic health care services in camps, with 40% of IDPs receiving medical services on a daily or twice a week basis. Nevertheless, 53% of the sites visited reported to have inadequate medical supplies. Additional resources, including medicines for TB, malaria and HIV and health professionals, are also required to sustain the level of services currently provided.
- State Nutrition team's rapid assessment on nutrition status of children age 6 months to 5 years, in some IDP camps were that out of 212 children that were assessed, 4 (1.8 %) had signs of severe acute malnutrition (SAM), 25 (11.8%) moderate malnutrition (MAM) and 60 (28.3%) were at risk of malnutrition.

Incident Site Mapping

Map showing IDP sites / camps in Rakhine State (Map – 1) and their locations (Map – 2) in Sittwe Township.



Causalities, Damages and IDPs

- 77 people died, 109 injured 77 people died and 109 injured and 4822 houses, 17 mosques, 15 monasteries and 3 schools were burned and destroyed.

Table showing causalities and damages

Death	Injured	IDP	Damage Health facilities	Damage Infrastructure			
				Houses	Mosques	monasteries	School,
77	109	61,000	Nil	4822	17	15	3

Accessibility, Transportation, Communication, and Power

- During the initial phase where houses and building were burnt and destroyed, local communication, transportation, assessability to remote villages and power supply were temporarily interrupted.
- They were restored after the curfew and state of emergency was imposed and when security was controlled by extra security armed forces.

Health Sector: MOH, WHO and Partner Agencies Response

- Ministry of Health (MoH) had sent a rapid assessment and response team composed of health professionals from central, regional and townships providing health services and treatment at the camps.
- All camps have access to health professionals to provide emergency health care and treatment and for interventions to control potential outbreaks of diseases. Patients were referred to appropriate higher level health facilities for specialized treatment.
- MoH with the support of WHO is coordinating with other UN, NGOs and local partners at central, state and township levels to provide emergency health services for the affected population.
- As requested by the MoH, WHO-EHA./SEARO had made ready and dispatched, 10 Basic Interagency Emergency Health Kits, 12 Basic Diarrhea Kits immediately from its New Delhi emergency warehouse. On 22 June, 12 300 USD as financial support from the South East Asia Regional Health Emergency Fund (SEARHEF) have been sent through WHO Country Office Myanmar to support MoH emergency field interventions.
- WHO continues supporting MoH for disease surveillance activities in affected locations. Diarrhea and dysentery cases have been minimized through “hand washing and nail cutting campaign” in IDP camps.
- WHO in close cooperation with MoH and partner agencies has organized health sector coordination meetings at state and central levels. Health Sector Response Plan developed and emergency funds, health supplies and services are provided to the affected communities by health sector partners
- State Nutrition team under MoH started rapid nutrition assessment of children aged 6 months to 5 years.
- State Health Department distributed ready to use therapeutic foods (RUTF), high energy biscuits (NRG-5) to all children age 6 months to 5 years as part of the supplementary feeding programme.
- MMA with the support of UNFPA is operating one static and two mobile clinics each in Sittwe and Rathedaung township which is providing reproductive health services, clean delivery kits and contraceptive packages.
- MRCS and ICRC provided first aid services, health education, psychosocial support, referral, awareness on water and sanitation and blood donation.
- WHO Country Office in Myanmar in close collaboration with MoH has been monitoring the situation closely since day one of the conflict and is in standby position to support the emergency health interventions as needed.

UN, Partner Agencies, local NGOs, Religious organizations and Red Cross Response

Support and services provided by the following sectors, members is crucial for the over all wellbeing of IDPs and affected communities. These are positive factors contributing towards better health.

Food: Government, local NGOs, religious organizations and well wishers have been providing food to the affected communities. WFP assisted 75,623 people with 884 MT of mixed food commodities in Sttwe, Manungdaw and Rathedaung townships. WFP, SCF and CDN will continue the activities up to end of September.

Livelihood: Assessment conducted by UNDP in 50 sites / camps. It is planned to provide fuel efficient stoves. Ministry of Agricultural (MAD) and CARE plans to provide rice seeds and fertilizers for farmers to cultivate during monsoon season.

Shelter and NFIs: Government has identified 12 camp locations to temporarily relocate IDPs in Sittwe. Relief and Resettlement Department (RRD) and UNHCR have set up camp management committees. UNHCR provided tents and with CARE, plans to support government for reconstruction of burned houses.

Water sanitation and hygiene: Two water treatment units are providing safe drinking water to eight IDP sites / camps. UNICEF is continuing its support in construction of temporary latrines and hygiene kits.

Local partners are providing support on solid waste management and protection of garbage and dumping sites.

Funding

The following are funding received so far for the affected communities according to the government sources.

Table showing funding status.

No	Category of Organization	Amount received (USD)	To be mobilized (USD)
1	Government and Private Sector	361 854	
2	International Organizations	1 144 000	600 000
	Total	1 505 854	

Needs for emergency response and early recovery phases

The following challenges are foreseen for essential humanitarian support and services

- Limits in accessibility to some IDP sites / camps and to affected remote villages.
- Food insecurity if accessibility remains a concern especially to the IDP sites / camps
- Malnutrition in children age 6 months to 5 years need careful interventions and support.
- Shortage in health staff to run mobile and static clinics, medicines and mosquito nets.
- Reconstruction of burned houses, peaceful resettlement, economic liability and livelihood.

Contact Address in Myanmar

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1	Ministry of Health	Dr. Soe Lwin Nyein Director (Epidemiology), Department of Health, Ministry of Health Nay Pyi Taw		+95-67-411389
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Source of Information: Information from the following sources was taken as references. The information provided may not be accurate and could be changed accordingly. It is for internal use and not to be quoted.

1. MoH
2. WHO
3. UNOCHA
4. Myanmar Information Management Unit (MIMU)
5. Partner Agencies
6. International and national medias